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January 7, 2003

TO: Each Supervisor

FROM: Thomas L. Garthwaite, MD
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**SUBJECT: ACCREDITATION OF TRAINING PROGRAMS AT KING/DREW
MEDICAL CENTER**

On December 10, 2002, your Board approved a motion instructing the Department of Health Services to work with Charles R. Drew University of Medicine and Science (Drew University) to develop and report back on a plan of correction related to deficiencies that were cited by the Accreditation Council on Graduate Medical Education with regard to the resident training programs at King/Drew Medical Center.

There are a number of resident training programs at King/Drew Medical Center that are at risk of probationary status or loss of accreditation. Most significant of these is the Graduate Medical Education program, or overall institutional review, which enables the hospital to operate the individual training programs. The other programs at risk are in the areas of anesthesiology, internal medicine, neonatology/perinatal medicine, radiology, and general surgery. Attached is a grid that summarizes the accreditation status of all the resident training programs at King/Drew Medical Center.

The management of the academic training programs is a shared responsibility between the County and the affiliated medical schools – in this case Drew University. The responsibilities are closely intertwined and the medical school affiliation agreements spell out the distinct responsibilities that exist for both parties.

The County is responsible for operations related to the management of the hospital, including the provision of sufficient and qualified personnel, supplies, and equipment to maintain the hospital in compliance with the Joint Council on the Accreditation of Healthcare Organizations (JCAHO), the ACGME, and other regulatory entities; maintenance of complete patient medical records; and provision of necessary staff to support the resident training programs.

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Under the affiliation agreement, the university is required to maintain the accreditation of all training programs, as well as the academic supervision and education of County residents in accordance with ACGME requirements.

To address to deficiencies cited by the ACGME, I have been meeting regularly with the hospital and the medical school to identify the key areas of correction and the responsible individuals for implementing these reforms.

Impact on Hospital Operations

One of the questions raised by your Board is the impact of the loss of accreditation on the daily operation of the hospital and delivery of care to patients. While I believe that the academic mission plays an important role in recruitment of physician-faculty and contributes to high quality medical care, I want to note that there are many fine institutions that do not operate medical education programs. A hospital does not have to be associated with a resident education program in order to provide services at a high quality.

That being said, academic training programs often play an especially important role in supporting inner city public hospitals. Medical residents and interns play a critical role in providing a supplemental resource that assists greatly in meeting patient care needs. Physicians that train in inner-city hospitals are more likely to remain and practice in these communities.

While the County's training programs are an important component of its delivery system and their closure would handicap our ability to improve access to care in the inner city, it is possible to deliver quality patient care without them.

Graduate Medical Education/Institutional Review

As noted above, most significant among the programs at risk is the Graduate Medical Education program at the facility, which governs the institution's ability to operate as an academic medical center. King/Drew Medical Center was given an unsatisfactory notice by the ACGME, which was based upon the failure of the institution to demonstrate substantial compliance with the ACGME's institutional requirements. The citations by the ACGME can be placed into two broad categories – work and academic environment.

A number of the work environment problems identified by the ACGME are not specific to King/Drew Medical Center, but are endemic of public, inner-city hospitals. As you know, all of the DHS' hospitals operate under significant funding constraints, which will only become more severe over the next few years. However, it also is important to note that these funding limitations have not presented an insurmountable obstacle to the maintenance of resident training programs in accordance with ACGME requirements at the other academic medical centers in the DHS network.

As you know, King/Drew Medical Center, as well as Drew University, is funded at a higher level than other DHS hospitals. As part of the Department's strategic plan, the hospital is responsible for identifying and implementing efficiencies to reduce the budget by 16 percent over several years. Fred Leaf and I have met on several occasions with both the Acting Chief Executive Officer and the Acting Medical Director to discuss the management of resources at the hospital and they have been instructed to ensure that they not only meet the strategic plan target but that resources are reallocated to those areas most in need.

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Additionally, King/Drew Medical Center staff have been working closely with Harbor-UCLA Medical Center to identify those areas, such as neonatology, in which the two hospitals can share resources and strengthen the training programs at King/Drew Medical Center.

I think it also is important to point out that some of the deficiencies noted in the academic arena may be due to the unique challenges that Drew University faces due to its relative youth as a medical school and its lack of attachment to a larger, well-funded university. As a result of these factors, the medical school and the hospital experience some difficulty in recruiting faculty and attracting the research funds that play an important role in the accreditation process.

Corrective Action Process

As noted above, the Department has been working closely with the medical school over the past several months to develop a plan of correction to remedy the deficiencies, particularly in the Graduate Medical Education program. We have met on several occasions and both King/Drew Medical Center and Drew University have been asked to provide a clear plan of correction for each citation that includes a timeline for implementation and target completion dates, for their areas of responsibility. I will be reporting back to you later this month with greater detail on this plan of correction.

Additionally, the family medicine and neonatology/peri-natal medicine programs at the facility are scheduled for ACGME site visits on January 15 and 16, respectively. I will keep you apprised of the outcome of these visits.

I am continuing to work with the hospital and the university to correct the problems identified by the ACGME in the training programs at King/Drew Medical Center. I believe that many of these issues are resolvable and through improved communication and collaboration can lead to the full accreditation of the training programs in question.

Please let me know if you have any questions.

TLG:ak

Attachment

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors
President, Charles R. Drew University of Medicine and Science

KING/DREW MEDICAL CENTER

STATUS OF GRADUATE MEDICAL EDUCATION – RESIDENCY TRAINING PROGRAMS

Program and Sub-specialties	Accreditation Status	Deficiencies Noted	Date of Next Site Visit (approx.)
Anesthesiology	Proposed Probation	<ul style="list-style-type: none"> <input type="checkbox"/> Lack of sufficient research by faculty. <input type="checkbox"/> Poor performance by graduates on American Board of Anesthesiology certifying examination for period of 1995-2000. <input type="checkbox"/> Lack of availability of certain equipment (which has subsequently been purchased). <input type="checkbox"/> Lack of Board certification among faculty at outside hospital to which residents rotate. <p>Response to citations, which have been corrected, is due to ACGME on 1/15/03.</p>	To be Determined by ACGME
Dermatology	Pending Result from ACGME		To be Determined by ACGME
Emergency Medicine	Continued Full Accreditation		September 2003
Family Medicine	Full Accreditation		January 15, 2003
Internal Medicine	Probationary Accreditation	<ul style="list-style-type: none"> <input type="checkbox"/> Numerous issues related to patient continuity, resident scheduling, and on-call facilities. <input type="checkbox"/> Lack of sufficient rotation by residents to other specialties. <input type="checkbox"/> Lack of accurate statistical description of program and information missing from forms. <input type="checkbox"/> Division Chiefs were not all certified by American Board of Internal Medicine. <input type="checkbox"/> Insufficient responsiveness to information provided on resident evaluations. <input type="checkbox"/> Poor performance by graduates on American Board of Internal Medicine certifying examination for period of 1999-2002. 	November 2003

Internal Medicine (con't)		Upon response to ACGME by program, half of the citations were removed. Subsequently, the program has corrected all remaining citations, with the exception of hiring one Board certified sub-specialist.	
Endocrine, Diabetes, Metabolism	Accreditation		To be Determined by ACGME
Gastroenterology	Continued Accreditation		To be Determined by ACGME
Infectious Disease	Accreditation		To be Determined by ACGME
Geriatric Medicine	Continued Accreditation		To be Determined by ACGME
Obstetrics and Gynecology	Full Accreditation		November 2003
Ophthalmology	Pending Result from ACGME for 11/02 Site Visit (previously received Continued Full Accreditation)		To be Determined by ACGME
Oral/Maxillo-Facial Surgery	Approved Without Reporting Requirement		May 2003
Orthopedics	Continued Full Accreditation		May 2004
Otolaryngology	Full Accreditation		February 2004
Pediatrics	Full Accreditation		October 2003
Neonatal-Perinatal Medicine	Continued Accreditation with Warning	<ul style="list-style-type: none"> <input type="checkbox"/> Lack of faculty gastroenterology, hematology-oncology, and rheumatology subspecialties. <input type="checkbox"/> No cardiovascular surgeon on faculty to serve as consultant. <input type="checkbox"/> Lack of documentation of residents' experience in procedures. <input type="checkbox"/> Lack of involvement in regional program that includes outreach education, patient consultation, and transport of patients. <input type="checkbox"/> Inadequate number of critically ill patients with variety of disorders available. <input type="checkbox"/> Lack of active research component. Program has worked to correct deficiencies and is scheduled for site review on January 16, 2003.	January 16, 2003
Psychiatry	Continued Full Accreditation		April 2003

Radiology (Diagnostic)	Accreditation Withdrawal Effective 6/30/04	<ul style="list-style-type: none"> ❑ Residents assigned to emergency department lack adequate faculty supervision. ❑ Deficiencies mammography training. ❑ Inadequate training in interventional radiology. ❑ Difficulty in retrieval of radiology reports in a timely fashion. ❑ Poor performance by graduates on American Board of Radiology certifying examinations for period 1997-2001. <p>The facility and university are working on submitting an appeal to the ACGME of the accreditation withdrawal of this program.</p>	
General Surgery	Proposed Probation Pending Result from ACGME	<ul style="list-style-type: none"> ❑ Operative experience of 2000 and 2001 graduates was inadequate. ❑ Scholarly activity of principal general surgery faculty was inadequate. ❑ Lack of weekly mortality and morbidity conference. ❑ Curriculum did not follow recommended guidelines. ❑ Concerns about impact of institutional review on program. <p>Program is working to address and resolve deficiencies.</p>	2004
Transitional Year Program	Provisional Accreditation		September 2003
Graduate Medical Education (Institutional Program)	Unfavorable Decision	<ul style="list-style-type: none"> ❑ Lack of organizational commitment to graduate medical education. ❑ Internal reviews were not conducted in compliance with ACGME Institutional Requirements. ❑ Minute from Graduate Medical Education Committee (GMEC) meetings were insufficient. ❑ Faculty supervision of residents was insufficient. 	April 2003

<p>Graduate Medical Education (Institutional Program) (con't)</p>		<ul style="list-style-type: none"> ❑ Lack of resident participation on institutional committees and councils. ❑ Failure to provide regular opportunity for resident evaluations of faculty. ❑ Advice of GMEC is not sought regarding compensation of residents and distribution of resources for support of education. ❑ Surgical residents are working excessive hours. ❑ Residents are performing duties extraneous to their educational programs. ❑ Institution fails to ensure programs comply with ACGME Program Requirements. <p>The hospital and university responded to the ACGME are several citations were removed. Corrective action is being taken with regard to the other citations.</p>	
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